

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

109/181547

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.144a)		
TOTAL CLAIMS (37 CFR 1.144c)	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.144b)	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.144d)		

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	395
x \$	
x \$	
x \$	
+ \$	
TOTAL	

RATE	FEE
	790
x \$	
x \$	
x \$	
+ \$	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.144c)	28	Minus	49	= 8
Independent (37 CFR 1.144b)	2	Minus	4	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.144d)				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x \$ 9	
x \$ 44	
+ \$ 150	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ 18	
x \$ 88	
+ \$ 300	
TOTAL	
ADDITIONAL FEE	

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.144c)	28	Minus	49	= 1
Independent (37 CFR 1.144b)	3	Minus	4	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.144d)				

RATE	ADDITIONAL FEE
x \$ 9	
x \$ 44	
+ \$ 150	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ 18	
x \$ 88	
+ \$ 300	
TOTAL	
ADDITIONAL FEE	

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.144c)		Minus		=
Independent (37 CFR 1.144b)		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.144d)				

RATE	ADDITIONAL FEE
x \$ 9	
x \$ 44	
+ \$ 150	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ 18	
x \$ 88	
+ \$ 300	
TOTAL	
ADDITIONAL FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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8-17-04
S.E.